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NO. 7860 P. 1

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OUR REFERENCE: 248872

FROM: CHARLES H. MOTTIER/VNS

DIRECT LINE: (312)616-5600

REGISTRATION No. 30,874

To:

UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS ALEXANDRIA, VA 22313

FACSIMILE NUMBER: (571) 273-8300

IN RE APPLN. OF:

MCKENZIE

APPLICATION NO.

10/659,244

FILED:

SEPTEMBER 10, 2003

GROUP ART UNIT:

3677

EXAMINER:

J.W. LAVINDER

DOCKET NO.:

248872

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PATENT

Attorney Docket No. 248872

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: McKenzie

Group Art Unit: 3677

Application No. 10/659,244

Examiner: J.W. Lavinder

Filed: September 10, 2003

For: RING

COMMUNICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

VIA FACSIMILE to (571) 273-8300

Dear Sir:

Submitted herewith is a "Revocation of Power of Attorney with New Power of

Attorney and Change of Correspondence Address."

Respectfully submitted,

Charles H. Mottier, Registration No. 30,874

One of the Attorneys for Applicant(s) LEYDIG, VOIT & MAYER, LTD.

Two Prudential Plaza, Suite 4900

180 North Stetson

Chicago, Illinois 60601-6780 (312) 616-5600 (telephone)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. September 10, 2003 Filing Date REVOCATION OF POWER OF ATTORNEY WITH First Named Inventor Clancy D. McKenzie **NEW POWER OF ATTORNEY** Art Unit AND Lavinder, Jack W. **Examiner Name** CHANGE OF CORRESPONDENCE ADDRESS 248872 Attorney Docket Number

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | |
|--|-----------|----------------------|--|-------|-------|-----------------|---------------------------------------|
| A Power of Attorney is submitted herewith. | | | | | | | |
| OR I hereby appoint the practitioners associated with the Customer Number: 234 | | | | | | | |
| Please change the correspondence address for the above-identified application to: | | | | | | | |
| The address associated with 23460 Customer Number: | | | | | | | |
| OR | | | | | | | |
| Firm or Individu | ial Name_ | | | | | | |
| Address | | | | | ! | | |
| City | | | | State | | | Zip |
| Country | | | | | | | |
| Telephone | | | | | Email | _ | |
| I am the: | | | | | | | |
| Applicant/Inventor ··· | | | | | | | |
| Assignee of record of the entire Interest. See 37 CFR 3.7 . Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Signature Olence NO Much Our is Min | | | | | | | |
| Name Clancy D. MoKenzie | | | | | | | |
| Date 1-18-06 Telephone (610) 664-0948 | | | | | | | 948 |
| NOTE: Simply of all the inventors or analyses of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | | | | | | | |
| | | forms are submitted. | | | | | |
| signature is required, see below. | | | | | | | |
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